

**PART B—ISSUE FEE TRANSMITTAL**

*242-1645.00*

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See *rev rs f r Certificate of Mailing*.

<b>1. CORRESPONDENCE ADDRESS</b>  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BEST AVAILABLE COPY</div> <div style="text-align: right; margin-top: 10px;">21M1/0121</div> <p><b>BARNES, KISSELLE, RAISCH, CHOATE, WHITEMORE &amp; HULBERT 3500 PENOBSCOT BUILDING 645 GRISWOLD STREET DETROIT MI 48226-4217</b></p>		<b>2. INVENTOR(S) ADDRESS CHANGE</b> (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME <i>Publishing Division</i> Street Address <b>APR 21 1997</b> City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/224,961	04/08/94	045	EVANS, G	2106 01/21/97
First Named Applicant <b>MOUROU, GERARD A.</b>				

**TITLE OF INVENTION** **METHOD FOR CONTROLLING CONFIGURATION OF LASER INDUCED BREAKDOWN AND ABLATION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 UM939	219-121.690	168	UTILITY	YES	\$645.00	04/21/97

<b>3. Correspondence address change</b> (Complete only if there is a change)	<b>4. For printing on the patent front</b> page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. <div style="margin-top: 10px;">                     1 <u>Barnes, Kisselle, Raisch, Choate,</u>                      2 <u>Whittemore &amp; Hulbert,</u>                      3 <u>PC</u> </div>
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**DO NOT USE THIS SPACE**

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1 242 645.00 CK

<b>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT</b> (print or type) (1) NAME OF ASSIGNEE: <u>The Regents of the University of Michigan</u> (2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Ann Arbor, Michigan</u>		<b>6a. The following fees are enclosed:</b> <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <b>6b. The following fees should be charged to:</b> DEPOSIT ACCOUNT NUMBER <u>02-1000</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. <p style="font-size: 0.8em;">PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u><i>L. Deschere</i></u> (Date) <u>18 APR 97</u> <p style="font-size: 0.8em;">NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**

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**Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

**Box ISSUE FEE**

**Commissioner of Patents and Trademarks**

**Washington, D.C. 20231**

on April 18, 1997

(Date)

Sherry Cardwell

(Name of person making deposit)

Sherry Cardwell

(Signature)

April 18, 1997

(Date)

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**Burden Hour Statement:** This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.**